

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/50424

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		5		1		
11		5		1		
12		5		1		
13		1		1		
14		1		1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	26	←	14	←		
TOTAL CLAIMS	27	[REDACTED]	15	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						